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Bib Data Sheet

CONFIRMATION NO. 2665

SERIAL NUMBER 10/674,186	FILING DATE 09/29/2003 RULE	CLASS 600	GROUP ART UNIT 3739	ATTORNEY DOCKET NO. END-5212
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APPLICANTS

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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 03/31/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY OH	SHEETS DRAWING 14	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 4
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i> Initials <i>MC</i>				

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08933-7003

TITLE

Handle for endoscopic device

FILING FEE RECEIVED 852	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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